

Attachment 2: Performance Indicators for the 2003-2004 Performance Agreement

REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
<p><b>Fiscal Management 1:</b> Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels.</p> <p>For single counties that do not provide fund balances county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.</p>	<p>Assist in ensuring compliance with:</p> <p>a. G.S. 122C-112.1(20), which addresses requirements related to financial management and fiscal accountability.</p> <p>b. G.S. 122C-124.1, “Area Authority/County Program Funding Suspended”, which addresses budget deviations and significant changes in fund balance.</p> <p>c. G.S. 122C-125, “Area Authority/County Program financial failure; State assumption of financial controls”, which addresses financial failure and the assumption of control by the State.</p> <p>d. G.S. 122C-144.1(b), “Budget Format and Reports”, which addresses the Secretary’s authority to require periodic reports of receipts and expenditures.</p> <p>e. 10 NCAC 27A.0114, “Area Authority/County Program Financial Failure Defined”, which addresses expenditures, revenues, fund balance and failure to comply with reporting requirements.</p>	<p>a. Review and follow-up on financial issues identified in the Area Authority/County Program’s annual audit, including a special focus on the Crosscutting Single Audit Supplement.</p> <p>b. Review of 8% (one month’s operating costs) fund balance information based on Fiscal Monitoring Report and annual Tentative Settlement Report.</p>	<p>a. Analysis of quarterly Fiscal Monitoring Reports, including expenditures, revenues, changes in cash balance, accounts payable and accounts receivable.</p> <p>b. Review of annual Area Authority/County Program audit.</p> <p>c. Review of financial stability measures.</p> <p><b>(See Attachment 3)</b></p>	<ul style="list-style-type: none"><li>• Publish monitoring findings in periodic reports on performance.</li><li>• Referral of nonperformance items to local, state or federal auditors.</li><li>• Require corrective action plan for deficiencies with specified timeframes for completion of improvements.</li><li>• Withholding of funds.</li><li>• Assumption of control of the financial affairs of the Area Authority/County Program.</li><li>• Contract directly for services which are not being provided in a timely manner.</li><li>• Removal of assurance of program segment from Performance Agreement in current or future years.</li><li>• Consider performance in subsequent year planning.</li></ul>

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<b>Fiscal Management 2:</b> Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports include the following:				
<ul style="list-style-type: none"> <li>Quarterly Fiscal Monitoring Reports</li> </ul>	Measure compliance for Area Authority/County Program financial stability per G.S. 122C-112.1, G.S. 122C-124.1, G.S. 122C-125, G.S. 122C-144.1 and 10 NCAC 27A .0114	a. Assessment of functioning related to compliance with the financial stability checklist, “Source of Financial Stability Information and When Might an Area Authority/County Program Receive a Follow-Up Letter”, Revised by DMHDDSAS January 13, 2000. b. Data included on Fiscal Monitoring Report, including but not limited to, annualized expenditure rates which exceed 110%, annualized revenue rates which are less than 90%, and a decrease in cash balance of 25% or more. c. Submission of Fiscal Monitoring Reports on time, i.e., the 20 <sup>th</sup> day of the month following the end of the quarter.	Review of Fiscal Monitoring Reports and Financial Stability Checklist standards.  <b>(See Attachments 3)</b>	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Correspondence to Area Authority/County Program and county managers regarding fiscal deviations.</li> <li>Require corrective action plan for deficiencies with specified timeframes for completion of improvements.</li> <li>Withholding of funds.</li> <li>Deemed to be in danger of imminent financial failure.</li> <li>Assumption of control by the State.</li> <li>Removal of assurance of program segment from Agreement in current and future years.</li> <li>Consider performance in subsequent years.</li> </ul>
<ul style="list-style-type: none"> <li>Quarterly Local Business Plan (LBP) Updates</li> <li>Communication Bulletin 2 describes a format for submission of quarterly reporting. Attachment 4 of these documents offers an alternative format for reporting.</li> </ul>	House Bill 381.122C-112.1.(a) (6) Establish comprehensive, cohesive oversight and monitoring procedures and processes to ensure continuous compliance by area authorities, county programs, and all providers of public services with State and Federal policy, law and standards.	1. Updates are to be submitted quarterly, with the first quarterly update due no later than 7/31/03, and ending when the local management entity comprehensively fulfills all requirements toward certification, no later than January 1, 2007. This will provide a simplified process for	Community Policy Management, LME Systems Performance Team	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Denial or delay of funds, including Medicaid.</li> <li>Demonstration of lack of forward movement will impact upon certification status</li> </ul>

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		<p>monitoring progress from initial application and certification through full certification. All entities, regardless of whether they are in Phase I, II, or III are required to provide these quarterly updates.</p> <p>2. Content of updates includes both progress toward meeting State specifications outlined within the <i>Local Business Plan</i> and negotiated items within the Local Business Plan Submission Response Form.</p> <p>3. Measurement includes timeliness and completeness in meeting negotiated timelines and outcomes.</p>		
<ul style="list-style-type: none"> <li>Cost-finding Report</li> <li>Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit.</li> </ul>	<p>Ensure compliance with G.S. 122C-143.2(a), G.S. 122C-144.1(b), Funding Systems Operating Manuals <u>Volume IV: Fiscal Requirements</u>, and <u>Volume VI: Cost Finding Requirements</u> for the purpose of being able to set accurate Area Authority/County Program purchase rates, including Medicaid rates.</p> <p>Ensure compliance with the Service Records Manual for Area Authorities and Contract Agencies (APSM 45-2) and Medicaid reimbursement requirements (DMH/DD/SAS Medicaid Manual 7/1/89 and Medicaid Service Guidelines July 1999)</p>	<p>a. Submission of annual or special cost findings by required due date. Annual cost finding submission due by November 1, 2003.</p> <p>b. Submission of accurate and complete cost finding data.</p> <p>Review of Area Authority/County Program payback report and reconciliation with DMA</p> <p>Note: An Instructional Memo, similar to the one mailed on January 12, 2001, will be sent to the Area Authority/County Program thirty days prior to the audit process.</p>	<p>Review of cost finding submission for accuracy and completeness by DMH/DD/SAS staff, DHHS Regional Accountant and DHHS Controller Central Office staff.</p> <p>Submission of paybacks/adjustments to DMA Controller's Office and to DMA Program Integrity.</p>	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Denial or delay of funds, including Medicaid.</li> <li>Decertify Area Authority/County Program by DMA of Area Authority/County Program as a Qualified Provider</li> </ul>

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<ul style="list-style-type: none"><li>SAPTBG Compliance Report</li></ul>	Ensure compliance with the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).	Measurement of compliance will be based on criteria for: <ul style="list-style-type: none"><li>receipt of the report (See Attachment 5)</li><li>timeliness of report submission</li><li>completeness of report submission</li><li>compliance with conditions for funding.</li></ul>	<ul style="list-style-type: none"><li>Review of the semi-annual Reporting Form.</li></ul>	<ul style="list-style-type: none"><li>Publish monitoring findings in periodic reports on performance.</li><li>Referral of nonperformance items to local, state or federal auditors.</li><li>Require corrective action plan for deficiencies with specified timeframes for completion of improvements.</li><li>Delay, withholding, or denial of funds, or assessment of a financial penalty commensurate with nature and scope of problem.</li><li>Contract directly for services which are not being provided in a timely manner.</li><li>Consider performance in subsequent year planning.</li></ul>

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<ul style="list-style-type: none"> <li>Substance Abuse/Juvenile Justice Initiative Quarterly Report</li> </ul>	<p>Ensure compliance with conditions for funding of all Substance Abuse/Juvenile Justice Initiatives, including Youth Academies, Detention Centers, Multi-purpose Homes, and MAJORS Programs.</p>	<p>Measurement of compliance will be based on criteria for:</p> <ul style="list-style-type: none"> <li>receipt of the report (See Attachment 7)</li> <li>timeliness of report submission</li> <li>completeness of report submission</li> <li>compliance with conditions for funding.</li> </ul>	<ul style="list-style-type: none"> <li>Review of the quarterly Reporting Form.</li> </ul>	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Referral of nonperformance items to local, state or federal auditors.</li> <li>Require corrective action plan for deficiencies with specified timeframes for completion of improvements.</li> <li>Delay, withholding, or denial of funds, or assessment of a financial penalty commensurate with nature and scope of problem.</li> <li>Contract directly for services which are not being provided in a timely manner.</li> <li>Consider performance in subsequent year planning.</li> <li>Consider performance in subsequent year planning.</li> </ul>
<ul style="list-style-type: none"> <li>TANF Work First Initiative quarterly reports.</li> </ul>	<p>The intent of this requirement is:</p> <ul style="list-style-type: none"> <li>to measure the effectiveness and compliance with Work First requirements to screen, assess and provide care coordination for Work First applicants and recipients (G.S. 108A-29.1 and G.S. 108A-25.2)</li> <li>to measure compliance with Work First legislative requirements for random toxicology screening as a part of substance treatment (G.S. 108A-29.1); and</li> <li>to measure compliance with TANF Block Grant Funding requirements</li> </ul>	<p>Measurement of compliance will be based on 5 criteria that have been selected for the Work/First Substance Abuse Initiative for SFY 03-04. The criteria are:</p> <ul style="list-style-type: none"> <li>receipt of the report (See Attachment 6)</li> <li>timeliness of report submission</li> <li>completeness of report submission</li> <li>compliance with toxicology plan, protocol and toxicology screening of clients</li> <li>WF QSAPs performing required TANF approved activities to validate level of TANF funding</li> </ul>	<ul style="list-style-type: none"> <li>Review of the quarterly WF/SA Initiative Reporting Form</li> <li>Annual onsite review of up to 30% of programs.</li> </ul>	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Referral of nonperformance items to local, state or federal auditors.</li> <li>Require corrective action plan for deficiencies with specified Timeframes for completion of improvements.</li> <li>Delay, withholding, or denial of funds, or assessment of a financial penalty commensurate with nature and scope of problem.</li> <li>Contract directly for services which are not being provided in a timely manner.</li> <li>Consider performance in subsequent year planning.</li> </ul>

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<ul style="list-style-type: none"> <li>IPRS submissions</li> </ul>	<p>Ensure compliance with G.S. 122C-144.1</p>	<p>a. Review of IPRS for timely submission.</p> <p>b. Review of Area Authority/County Program's annual audit reports for any identified IPRS reporting issues.</p> <p>Submission of Fiscal Monitoring Reports on time, i.e., the 20<sup>th</sup> day of the month following the end of the quarter.</p>	<p>The appropriate Section will monitor via the following activities:</p> <p>a. Review of IPRS reports;</p> <p>b. Follow-up on an identified IPRS issues identified in the Area Authority/County Program audit report.</p>	<ul style="list-style-type: none"> <li>Denial or delay of funds.</li> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Require corrective action plan for deficiencies with specified timeframes for completion of improvements.</li> </ul>
<p><b>Fiscal Management 3:</b> Effective December 1, 2002, the Area Authority/County Program, as applicable, shall pay all provider invoices within thirty (30) calendar days after approval of the invoice, in accordance with the following provisions:</p>	<p>Powers and Duties of the Secretary pursuant to G.S. 122C-112.1(a) (20): "The Secretary shall ensure maximum accountability by area authorities and county programs for rate setting methodologies, reimbursement procedures, billing procedures, provider contracting procedures, record keeping documentation, and other matters pertaining to financial management and fiscal accountability."</p> <p><b>(See Attachment 12.)</b></p>	<p>The standard that the Division shall use in measuring the compliance of the Area Authority/County Program with the invoice processing periods imposed by this section shall be the following: Ninety-five percent (95%) of approved invoices (excluding invoices for services rendered by the Area Authority/County Program) are paid within thirty (30) calendar days after the approval.</p> <p>The Area Authority/County Program has 18 calendar days to approve or deny the claim.</p> <p><b>(See Attachment 12.)</b></p>	<p>Resource/Regulatory Management will monitor to determine whether all approved non-Area Authority/County Program invoices submitted during the subject quarter were paid within thirty (30) calendar days after approval at least ninety-five (95%) of the time and will report the results to the Area Authority/County Program</p>	<p>The Division will publish semi-annual reports reflecting the performance levels of Area Authority/County Programs that do not meet the 95% performance standard. The Division and Area Authority/County Program will develop a corrective action plan for the Area Authority/County Program if the Area Authority/County Program does not meet the 95% performance standard.</p>

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<b>Fiscal Management 4:</b> Submit to Electronic Data Systems (EDS) evidence of a signed Trading Partner Agreement (TPA) with the IPRS fiscal agent.	Area Authority/County Programs will not be reimbursed for claims submitted if there is no evidence of a signed Trading Partner Agreement. The intent is to assure that Area Authority/County Programs are reimbursed through IPRS by having a current signed agreement.	Trading Partner Agreement (TPA) signed and dated by the Area Authority/County Program prior to billing.	The DMH/DD/SAS Information Systems Team will monitor through communication with EDS during the first quarter of the fiscal year.	<ul style="list-style-type: none"><li>▪ No reimbursement to the Area Authority/County Program</li><li>▪ Published Report</li></ul>

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<b>Accountability 1:</b> Implement reasonable, or agreed upon, corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Authority/County Program from audits, program reviews, or quality improvement processes. Such reviews shall include, but not be limited to, Medicaid documentation audits, local single audits, Federal program audits, State program reviews and accreditation visits and reports.	Track and report on the development, implementation, and completion of any and all corrective actions issued to Area Authority/County Program.		<p>Reports will come from the various Division Teams upon the issuance of a corrective action.</p> <p>These notices of corrective action will be entered into the Accountability 1 Database.</p> <p>Following a Team's issuing a notice of corrective action, the Team will routinely provide a status report of the Area Authority/County Program's progress in responding and implementing the corrective action.</p>	<ul style="list-style-type: none"> <li>• Publish monitoring findings in periodic reports on performance.</li> <li>• Referral of nonperformance item to local, state, or federal auditors or to accrediting authority</li> <li>• Assess a financial penalty commensurate with nature and scope of problem.</li> <li>• Removal of the assurance of program segment from Agreement in current or future year.</li> <li>• Consider performance in subsequent year planning.</li> </ul>
<b>Accountability 2:</b> Maintain accreditation by a nationally recognized accrediting body.	<p>To assure the Area Authority/County Program is accredited to provide services as required by the rules in 10A NCAC 27G.0700;</p> <p>To enhance the credibility of the accrediting process and to improve Area Authority/County Program &amp; Division accountability with consumers, payers, advocacy groups, legislators &amp; other stakeholders;</p> <p>To provide additional measures of comparability of services across the statewide community-based system;</p> <p>To encourage and demonstrate continuous quality improvement in the Area Authority/County Program with a focus on consumer &amp; community needs</p>	An Area Authority/County Program will be considered in compliance with this requirement if the Area Authority/County Program has been fully accredited by June 30, 2004, and if accreditation has not been revoked at any time during Fiscal Year 2003-2004.	This area will be managed by the Division contact.	<ul style="list-style-type: none"> <li>• Publish monitoring findings in periodic reports on performance;</li> <li>• Require corrective action plan for deficiencies with specified timeframes for completion of improvements; or</li> <li>• Potential withholding or loss of funds to provide service upon denial or revocation of accreditation.</li> </ul>



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	and outcomes; and  To strengthen Area Authority/County Program & Division capability to effect and to demonstrate positive change in the lives of consumers and their families.			
<b>Accountability 3:</b> Submit timely and complete client data reports for all clients as specified in each of following categories: <ul style="list-style-type: none"><li>• Client Data Warehouse (CDW);</li><li>• Client Outcome Initiative (COI);</li><li>•</li><li>• NC Treatment Outcomes and Program Performance System (TOPPS) Assessments.</li><li>• Participate in the Core Indicators Project for persons having a developmental disability</li><li>• Local Community Collaboratives will submit Comprehensive Treatment Services Program waiting list data;</li><li>• Single Portal Database; and</li><li>• Complete the NC SNAP.</li></ul>				
<ul style="list-style-type: none"><li>• Client Data Warehouse submissions</li></ul> NOTE: The Client Data Warehouse (CDW) is the Division’s source of information to monitor	The CDW has replaced the former Statistical Reporting System. <ul style="list-style-type: none"><li>• From the CDW, the Division generates SAS and MH Block Grant Reports for the Federal Government (A significant payer for Area</li></ul>	Monthly submission of data will be monitored. Items to be measured include: 1) Was there a monthly submission by 15 <sup>th</sup> of the month? 2) Was the monthly submission of	Data is collected by the Area Authority/County Program and submitted to the CDW database through data files. These files must be sent in standard Electronic Data Interchange (EDI) format – a single file with	<ul style="list-style-type: none"><li>• Each month the Area Authority/County Program will electronically receive two error files: 1. Error files containing all the records that were rejected due</li></ul>

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<p>program, clinical and demographic information on the clients served. The data are also used to respond to Departmental, Legislative and Federal reporting requirements.</p>	<p>Authority/County Program Services);</p> <ul style="list-style-type: none"> <li>• Reports for the Performance Budgeting System; and</li> <li>• Other required reports</li> </ul> <p>Area Authority/County Programs are required to submit data for individuals receiving services into the Client Data Warehouse (CDW).</p> <p>There are 11 possible record types for transmission to the CDW. These are:</p> <ul style="list-style-type: none"> <li>• Header Record</li> <li>• Identifying Information</li> <li>• Demographics</li> <li>• Consumer Discharge Details</li> <li>• Diagnosis Details</li> <li>• Disability Details (optional)</li> <li>• Special Population Details (optional)</li> <li>• Risk Factors Details</li> <li>• Substance Abuse Details</li> <li>• Substance Abuse Treatment (movement) Details</li> <li>• Trailer Record</li> </ul> <p>In addition, an annual Demographic update file should be sent by August 15<sup>th</sup> of each year for Area Authority/County Program who have not provided reports in accordance with reporting requirements.</p>	<p>admission records (record type 11) at a level comparable to previous years?</p> <p>3) If required of the Area Authority/County Program was the annual Demographic update file received by August 15<sup>th</sup>.</p> <p>4. Were 90% of all required data fields complete? (1 quarter. lag time)</p> <p>5. Were 85% of all mandatory and required data fields something other than “unknown”? (1 quarter lag time).</p> <p>6. Did 90% of the individuals served each qtr. have Primary and Principal diagnosis? (lag time from end of qtr. date to admission date which allows 60 days to look at this data and report on it).</p> <p>7. Did 90% of SAS Principal and Primary diagnosis have SAS detail records (record 17 and 18) within 90-days of admission?</p>	<p>multiple record types.</p> <p>Monthly data file submission should be sent by the 15<sup>th</sup> of the month.</p> <p>Data that passes all edits will be available for immediate analysis by Division Staff. Records with fatal errors (Mandatory data elements blank or invalid) will be returned to the Area Authority/County Program electronically and must be resubmitted electronically. Each record in the error file will contain the error transaction, in the same format as sent, and followed by the error message. There will be a total number of transaction records at the end.</p> <p>Reports will be issued to indicate which records contain required data elements that are missing or incorrect.</p>	<p>to errors in the data.</p> <p>2. CTL (Count) file containing a report of number of records submitted, accepted, and rejected.</p> <ul style="list-style-type: none"> <li>• By the 30<sup>th</sup> day following the close of the quarter a quarterly corrective action letter, detailing the missing/invalid information on file, will be submitted to the Area Authority/County Program.</li> <li>• Quarterly corrective action letters will be sent for unacceptable submission of data in the following instances: <ol style="list-style-type: none"> <li>1. Data file not sent,</li> <li>2. Data file not sent by the 15<sup>th</sup> of the month, and/or</li> <li>3. Percentage thresholds not met for measurement items 4-8.</li> <li>4. Periodic Report with results of all Area Authority/County Programs’ status</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>• Client Outcome Initiative (COI)</li> </ul> <p>There are three instruments:</p>	<p>Area Authority/County Program are to complete COI instruments. The COIs are the first division-wide steps to</p>	<p>The Division will generate an expected number of COI’s to be completed by the Area</p>	<p>The Client Data Warehouse database will be used to determine the expected number of COIs to be completed each</p>	<ul style="list-style-type: none"> <li>• Publish monitoring findings in periodic report.</li> <li>• Require corrective action plan for</li> </ul>

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1) MH/SAS COI 2) DD COI 3) EI COI  NOTE: All Area Authorities/County Programs who have individuals with case numbers ending in 3 or 6 are expected to have completed one of these COI instruments with the following exception: individuals receiving substance abuse services who have completed the TOPPS.	<p>provide baseline information on the clients served by Area Authority.</p> <p>The MH/SAS COI provides information such as: client functioning (via GAF and CAFAS scores), hospitalizations, substance use, progress through school and/or employment training, and use of crisis services.</p> <p>The EI COI provides information on family functioning and the child's progress in several skill areas.</p> <p>The Developmental Disabilities COI provides information about client participation and progress toward maximum independence.</p>	<p>Authority/County Program. The expected number of initial COIs will be determined as follows:</p> <ul style="list-style-type: none"> <li>The number of valid initial COIs that match to the CDW should be equal to 20% of the active caseload, as listed in the CDW after subtracting the number of clients administered the TOPPS.</li> </ul> <p>All of the required fields on a submitted COI must be complete for a COI to be considered valid.</p> <p>The Area Authority/County Program will be considered in compliance with this requirement if they submit 90% or more of the expected initial COIs and 90% or more of discharge and update COIs within required timeframes.</p>	<p>month by the Area Authority/County Program</p>	<p>deficiencies with specified timeframes for completion of improvements.</p> <ul style="list-style-type: none"> <li>Potential withholding or loss of funds.</li> </ul>
•				•
<ul style="list-style-type: none"> <li>NC Treatment Outcomes and Program Performance System (TOPPS) Assessments</li> </ul>	<p>Ensure measurement of outcomes for individuals and program performance for the following special programs/populations:</p> <ol style="list-style-type: none"> <li>Prenatal/Maternal</li> <li>TANF/Work First</li> <li>MAJORS</li> <li>Narcotic Treatment</li> <li>Casework's Residential</li> </ol>	<p>Measurement of compliance will be based on criteria for:</p> <ul style="list-style-type: none"> <li>receipt of the report <b>(See Attachment 9)</b></li> <li>timeliness of report submission</li> <li>completeness of report submission</li> </ul>	<p>Review by Division Contact of submitted TOPPS assessments.</p>	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic reports on performance.</li> <li>Require corrective action plan for deficiencies with specified timeframes for completion of improvements.</li> <li>Delay, withholding, or denial of funds, or assessment of a financial penalty commensurate with nature and scope of problem.</li> <li>Consider performance in subsequent year planning.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals having a developmental disability will participate in the DD Core</li> </ul>	<p>There are two Area Authority/County Program activities:</p> <ol style="list-style-type: none"> <li>Consumer Satisfaction</li> </ol>	<ul style="list-style-type: none"> <li>Completion of Pre-survey and background information;</li> </ul>	<ul style="list-style-type: none"> <li>Analyze data to be included in a national report and to be provided to the Area Authority/County</li> </ul>	<ul style="list-style-type: none"> <li>Published Report;</li> <li>2<sup>nd</sup> quarter reporting of ratings.</li> </ul>

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Indicators Project and not in the Division Consumer Satisfaction Survey.	<p>Surveys/Interviews require that the Area Authorities complete a random sample of consumers who have a developmental disability, ages 18 and older who have been receiving services and supports for at least one year. The random sample will be done with instruction from the Division. Each Area Authority will be given a specific number (to be determined by the Division) of consumers that must be drawn randomly from the sample. The Area Authority/County Program will then be responsible to obtain consent for participation. Once an individual has given consent, the Area Authority/County Program must complete a 4-5 page survey for each individual that will provide the interviewer with some contact and background information.</p> <p>2. Family Support Surveys require that the Area Authority/County Program submit a list of family addresses, randomly drawn from the same sample as above. The number of addresses to be submitted will be determined by the Division.</p>	<ul style="list-style-type: none"> <li>• Receipt of Family Addresses on labels</li> </ul> <p>Ratings for Completeness/Timeliness</p> <ul style="list-style-type: none"> <li>• 0 = “Unacceptable” (No Supporting Documents/Reports submitted after the deadline.)</li> <li>• 1 = “Inadequate” (Insufficient Reporting); and</li> <li>• 2 = “Adequate” (Supporting documents/reports are present and complete; reports submitted on time.)</li> </ul>	<p>Program.</p> <ul style="list-style-type: none"> <li>• Information collected throughout the fiscal year. Analysis and report to occur after end of fiscal year. All activities will require the coordination of efforts between the Area Authority/County Program, the Division, and UNC to obtain the correct information.</li> <li>• 90% or higher rating.</li> <li>• 2<sup>nd</sup> quarter reporting of status.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan of correction due third quarter of fiscal year for ratings below 90%, or scores below 2.</li> </ul>
<ul style="list-style-type: none"> <li>• Local Community Collaboratives will submit Comprehensive Treatment Services Program waiting list data</li> </ul>	<p>The intent of this requirement is to assess unmet service delivery needs of children eligible for the Comprehensive Treatment Services Program.</p>	<p>The Area Authority/County Program will submit waiting lists developed by the Local Community Collaborative. These lists will provide data on children who are eligible for the Comprehensive Treatment Services Program funding but who are waiting</p>	<p>For the Area Authority/County Programs who have children waiting for services, waiting lists are to be submitted to Division Contact on a quarterly basis, by the 20<sup>th</sup> of the month following the last month of the reporting quarter (i.e., October 20th,</p>	<ul style="list-style-type: none"> <li>• Publish monitoring findings in periodic reports on performance.</li> <li>• Require corrective action if the Area Authority/County Program does not submit data by established deadlines.</li> </ul>

### Attachment 2: Performance Indicators for the 2003-2004 Performance Agreement

REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
		for services.	January 20 <sup>th</sup> , April 20 <sup>th</sup> , and July 20 <sup>th</sup> .  Area Authority/County Programs who do not have children waiting for services are to send e-mail confirmation to the Division Contact on a quarterly basis, by the 20 <sup>th</sup> of the month following the last month of the reporting quarter (i.e., October 20 <sup>th</sup> , January 20 <sup>th</sup> , April 20 <sup>th</sup> , and July 20 <sup>th</sup> ).	
<ul style="list-style-type: none"> <li>Maintain current, accurate computerized Single Portal database reflecting content specified by the Division.</li> </ul>	<p>Single Portal data base for entry/exit</p> <p>To assure data on disc captures needs for services/supports that person identifies.</p>	<p>Measurement of this requirement is based on the following achieved ratings of timeliness and completion of the Waiting List report:</p> <ul style="list-style-type: none"> <li>0 = “Unacceptable” (No updated Reports; report submitted on or after the 30<sup>th</sup> of the reporting month);</li> <li>1 = "Inadequate" (Incomplete Reports; data submitted after the 15<sup>th</sup> but before the 30<sup>th</sup> of the reporting month); and</li> <li>2 = “Adequate” (Reports updated and complete; reports submitted on or before the 15th).</li> </ul> <p>Reports on 12/31 data should be submitted by 1/15; and</p> <p>Reports on 6/30 data should be submitted by 7/15.</p>	<ul style="list-style-type: none"> <li>Submission of analyzed Area Authority/County Program data to the Division Contact by 1/15 and 7/15; and</li> <li>Analysis of the Area Authority/County Program waiting list report by Division.</li> </ul> <p>NOTE: Reporting on this requirement will occur at the conclusion third and first quarters of the new State Fiscal Year.</p>	<ul style="list-style-type: none"> <li>Publish monitoring findings in.</li> <li>For ratings less than 2, a Plan of correction will be required, specifying timeframes and the steps that will be taken to improve performance.</li> <li>Loss of funding</li> </ul>
<ul style="list-style-type: none"> <li>Complete the NC SNAP</li> </ul>	<p>To identify levels of need for all individuals for :</p> <ul style="list-style-type: none"> <li>Identification of services &amp; supports</li> <li>Identifying complexity of service</li> </ul>	<p>1. Measured by analysis of the following:</p> <ul style="list-style-type: none"> <li>The number of consumers on the DD Wait list who have</li> </ul>	<ul style="list-style-type: none"> <li>The Division Contact will verify NC-SNAP, Wait List, and In-Service data against Single Portal, CDW, and Medicaid Receipt data to</li> </ul>	<ul style="list-style-type: none"> <li>Publish monitoring findings in periodic report, Division Performance Agreement report.</li> <li>For ratings less than 2, a Plan of</li> </ul>

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REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
	needs for fiscal projection.	<p>had and not had the NC SNAP as of 7/1/03;</p> <ul style="list-style-type: none"><li>• The number of consumers In-Services who have had and not had the NC SNAP, as of 7/1/03; and</li></ul> <p>2. By the following assigned ratings for timeliness and completeness of data:</p> <ul style="list-style-type: none"><li>• 0 = “Unacceptable” (No updated Reports; report submitted on or after the 30<sup>th</sup> of the reporting month);</li><li>• 1 = "Inadequate" (Incomplete Reports; data submitted after the 15<sup>th</sup> but before the 30<sup>th</sup> of the reporting month); and</li><li>• 2 = “Adequate” (Reports updated and complete; reports submitted on or before the 15th).</li></ul>	<p>determine statewide compliance.</p> <p>NOTE: Area Authority/County Program must submit all NC SNAP data as of 7/1/03 by 7/15/04.</p>	<p>correction will be required, specifying timeframes and the steps that will be taken to improve performance.</p> <ul style="list-style-type: none"><li>• Potential loss of funding.</li></ul>
<b>Client Rights &amp; Relations 1:</b> Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines.	<p>Area Authorities/County Programs are required to participate in the once a year Consumer Satisfaction Survey.</p> <p>All individuals receiving Mental Health and Substance Abuse services during the survey week who are being served by the Area Authority/County Program either directly or through contract should be given the opportunity to complete the survey.</p> <p>There are six possible forms that may be completed:</p>	<p>A submission log will be maintained which will indicate the submission of forms by form type and the date of receipt.</p> <p>Client Satisfaction Surveys are required for 10% of each Area Authority/County Program’s most recent Mental Health and Substance Abuse caseloads.</p>	<p>Data is collected by the Area Authority/County Program and submitted to the Division in scannable copy forms provided by the Division. A notification letter of the survey week and complete instructions for completing the survey will be sent to Area Authority/County Program at least six weeks in advance of the survey week. Forms will be provided at least three weeks in advance of the survey week.</p> <p>One survey is planned a year (Fall).</p>	<ul style="list-style-type: none"><li>• Publish monitoring findings in periodic reports on performance.</li><li>• A corrective action letter will be sent to each Area Authority/County Program that fails to send survey forms by the close of the third week after the survey period ends.</li><li>• A corrective active letter will be sent to each Area Authority/County Program that falls below a 90% response rate for the 10% of caseload criteria. This letter will be sent with the</li></ul>

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REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
	1) Adult – English 2) Adult – Spanish 3) Child – English 4) Child – Spanish 5) Parent – English 6) Parent – Spanish		<p>The Fall survey will be conducted between late October and early November.</p> <p>All data should be returned by receipt required mail within three weeks of the close of the survey.</p> <p>A de-identified data file will be returned to Area Authority/County Program within one week of the completion of scanning for their own analysis. A statewide report will be disseminated to the Division and the Area Authority/County Program.</p> <p>All data will be scanned within six weeks of the receipt of the survey.</p>	<p>statewide report.</p> <ul style="list-style-type: none"> <li>Corrective action letters will be sent in conjunction with each survey period.</li> </ul>

<b>Service Delivery1:</b> Offer an appointment to see individuals <u>who choose</u> the Area Authority/County Program or a contract agent of the Area Authority/County Program for follow-up care within five (5) working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATC's. If the individual does not attend the appointment (i.e., no show), the Area Authority/County Program will document that	The intent of this requirement is for Area Authority/County Programs to provide follow-up services and treatment to individuals who are discharged from State hospitals and ADATC's as quickly as possible.	The measure is the number of working days within which individuals who are discharged from State hospitals and ADATC's and <u>choose</u> to be seen by Area Authority/County Program staff or a contract agent of the Area Authority/County Program. Benchmark will be that 90% of the individuals for whom records are reviewed will be seen by Area Authority/County Program staff or contract agency staff within 5 working days of discharge, or will	<p>The auditors will visit each State Psychiatric Hospital to gather preliminary information that will clarify the efforts of both the Area Authority/County Program and hospital staff in regards to admission and discharge duties and to develop a list of actual individuals from each Area Authority/County Program for whom the Area Authority/County Program is responsible.</p> <p>Monitoring will be done through annual on-site reviews. Record reviews of a</p>	<ul style="list-style-type: none"> <li>Results will be included in the year end performance agreement report.</li> <li>Corrective action plans are to be submitted for performance below the 90% benchmark. The plan must contain the timeframe and the steps that will be taken to implement improved performance.</li> </ul>
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REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
<p>reasonable professional efforts were made to see, or reschedule, the person.</p> <ul style="list-style-type: none"><li>• Adult Mental Health; and</li><li>• Substance Abuse Services.</li></ul>		<p>meet criteria that all reasonable professional effort was made to see, or reschedule, any individuals who do not show up for the appointment. Reasonable effort is defined as documentation of at least one of the following within one week of the initial missed appointment: (1) a home visit or (2) a rescheduled office appointment that the individual keeps or (3) a phone conversation with the individual about the services being offered.</p> <p>Additionally, the institutional records will be reviewed to verify that the Area Authority/County Program was notified of the discharge, the date and the individual's choice of locations to be seen.</p>	<p>sample of 10 adults with psychiatric diagnoses discharged from State hospitals, for whom the discharge plan indicated the Area Authority/County Program would be responsible for community treatment; or, in the case of Substance Abuse, a sample of 10 individuals with abuse or dependence diagnoses, discharged from ADATC's, are to be included in Medicaid or other scheduled record reviews.</p> <p>Reviews of the sampled records will be included in on-site record reviews done by the Division staff who are responsible for this function. The results regarding adults discharged from State Psychiatric hospitals and ADATC's are to be reported Division.</p>	